

Name  
in  
Full

Arthur Bridgett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Dubois <sup>Town</sup> Chern <sup>County</sup> **MARYLAND**

Date of death 1900 <sup>Month</sup> 3 <sup>Day</sup> 7 Age 3 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race White Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Odor Bridgett Father's Birthplace Ind

Mother's Maiden Name Katie Swann Mother's Birthplace Ind

Name of person giving information Odor Bridgett How related to deceased Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Broncho pneumonia How long 4 days

Immediate Heart failure How long —

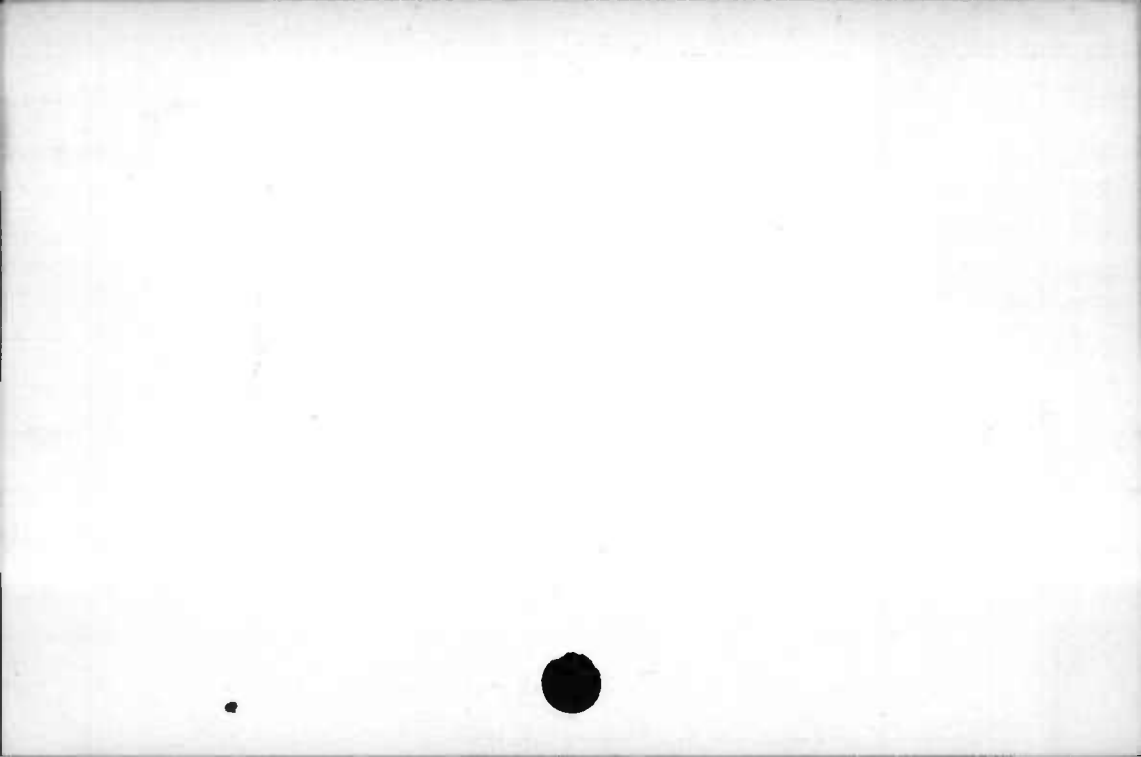
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. C. Chapman M.D. Address High St. Ind

Accident or Suicide? —

241

Name In Full		Mary Sisecilia Briscoe				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Pittsboro		Chas		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1904		March	30	Age	—	12
		Sex		Color or Race		Birthplace		
		Female		Colored		Toms Co.		
		Occupation		Where Residing if not at place of death			at place of death	
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		George Briscoe			Father's Birthplace			
Mother's Maiden Name		Mary Chapman			Mother's Birthplace			
Name of person giving information		George Briscoe			How related to deceased			
					father			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Convulsion				one day		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician				John P. Macshank		
Address				Guth Rg				
Accident or Suicide?				No		Pompankey		



Name in Full

Certificate of Death

Infant. Baptised, before death.

Died at <sup>Town</sup> *Charleston*, <sup>County</sup> *Chas* MARYLAND

Date 19*06* <sup>Month</sup> *Feb* <sup>Day</sup> *6* <sup>Y.</sup> *6* <sup>M.</sup> *6* <sup>D.</sup> *6* Native of *Infant* Occupation *Infant*

~~Male~~ ~~White~~ Married *None* Widowed *None* Divorced *None*

Female Colored Single Widower Number of children living *None*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

*Spasms -**"*

How long sick

*4 days -*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name  
in  
Full

## CERTIFICATE OF DEATH

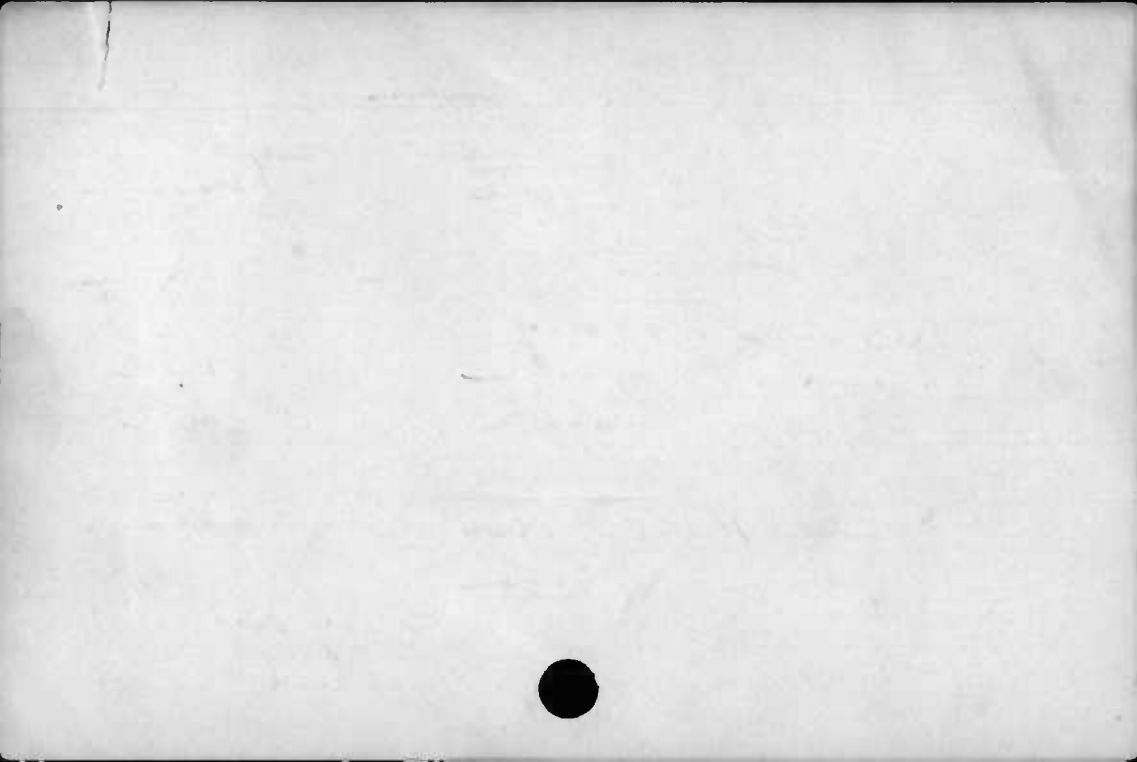
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ben Perry</i>		Town <i>Ben Perry</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>3</i>	Day <i>20</i>	Age <i>84</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>				
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Dr. George C. Barrington</i>					
Father's Name <i>Alexander S. Henry</i>				Father's Birthplace <i>Van</i>			
Mother's Maiden Name <i>Paulina Campbell</i>				Mother's Birthplace <i>Van</i>			
Name of person giving information <i>Jno. M. Barrington</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

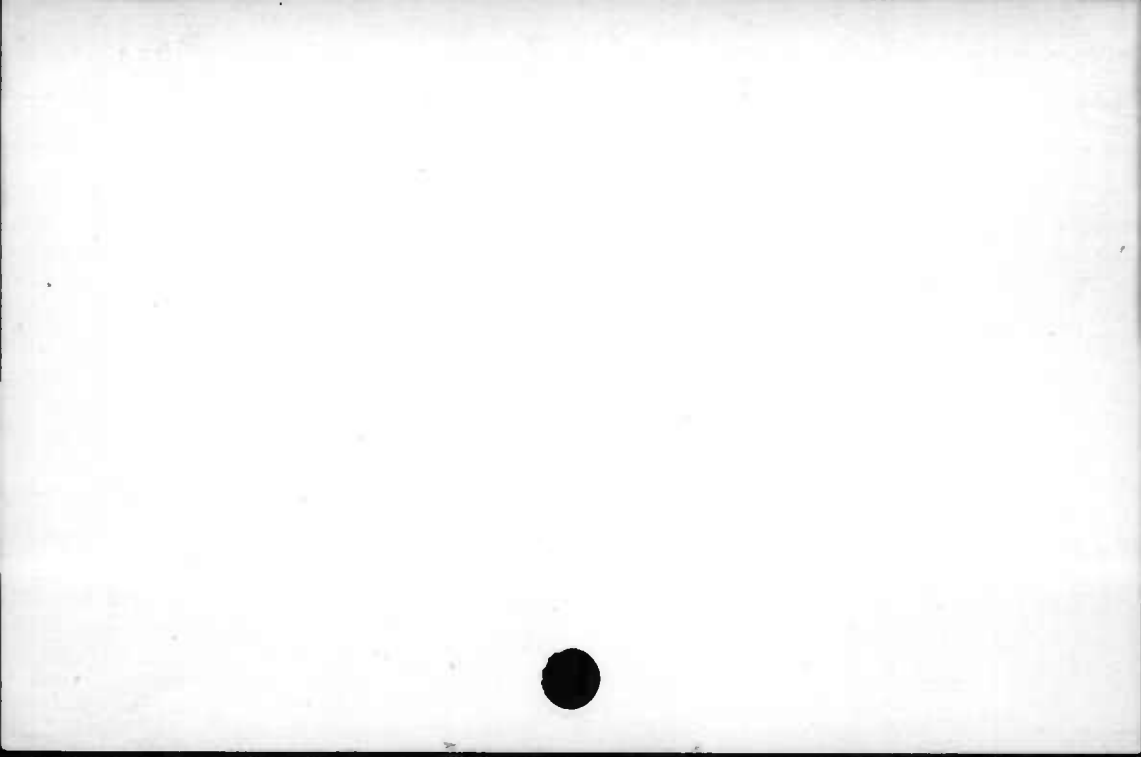
PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis</i>	How long	<i>5 days</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Harry Kelley M.D.</i>	
		Address <i>Harsham, Ind.</i>	
Accident or Suicide?			





Name in Full		MAY 1906				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at			Town		County	
	Date of death		1906	Month	March	Day	11
	Age		Years	40	Months		Days
	Sex	Female	Color or Race	88	Birthplace	Charles Edward	
	Occupation			Housewife			
	Where Residing if not at place of death			Near Cross Roads "			
	Married, Single or Widowed			Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name			Leotis Rogers		Father's Birthplace	
	Mother's Maiden Name			Elen Chase		Mother's Birthplace	
	Name of person giving information			Thomas Barber		How related to deceased	
	CAUSES OF DEATH						
	Primary			Tuberculosis		How long	
Immediate			Consumption		How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Maximilian		
			Address		Sup. Reg. H.		
Accident or Suicide?							



Name in Full		Mary Ella Carroll				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Riverdale	County Charles	MARYLAND		
		Date of death 190	Month March	Day 19	Age 78	Years	Months	Days
		Sex Female	Color or Race W		Birth-place Charles Creek			
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name James A Carroll		Father's Birthplace Charles Creek				
Mother's Maiden Name Janice B Benson		Mother's Birthplace " " "						
Name of person giving information Taylor Shivers		How related to deceased Friend						
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		Accidental		(167)		
		Immediate		Burned				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Maxwell Hunt				
				Address Sub Regt-				
		Accident or Suicide?						



Name  
in  
Full

Catherine Copsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Oakland Town

Ches County

Date  
of death 1906Month  
3Day  
2

Age

Years  
25Months  
—Days  
—

Sex Female

Color or  
Race

White

Birth-  
place

Washington DC

Occupation

House wife

Where Residing if not  
at place of death

at Home

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Richard Copsey

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

" "

Mother's  
Birthplace

" "

Name of person giving  
Information

Harry Jenkins

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Heart Trouble

How long

2 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONERW. F. Browner  
S. M. 244

Reported by  
W. F. Brown  
D. R. R.

Name in Full *Kate Cussey*  
 Town *Mar McConkie* County *Charles* MARYLAND  
 Died at *Mar McConkie Charles*  
 Date *1906* Month *Mar* Day *6* Y. *40* M. *40* D. *40* Native of *Housewife*  
 Age *about 40* Occupation *Housewife*  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*  
 Husband of *Richard Cussey* (51)  
 Wife of *Richard Cussey*  
 Father's Name *Richard Cussey* Mother's Name *(51)*

Cause of Death { Primary *Ophthalmic Gritter* How long sick *Several years*  
 Immediate *Heart exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *Dr. John T. T. Diggs*  
 Address *Port Tobacco Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

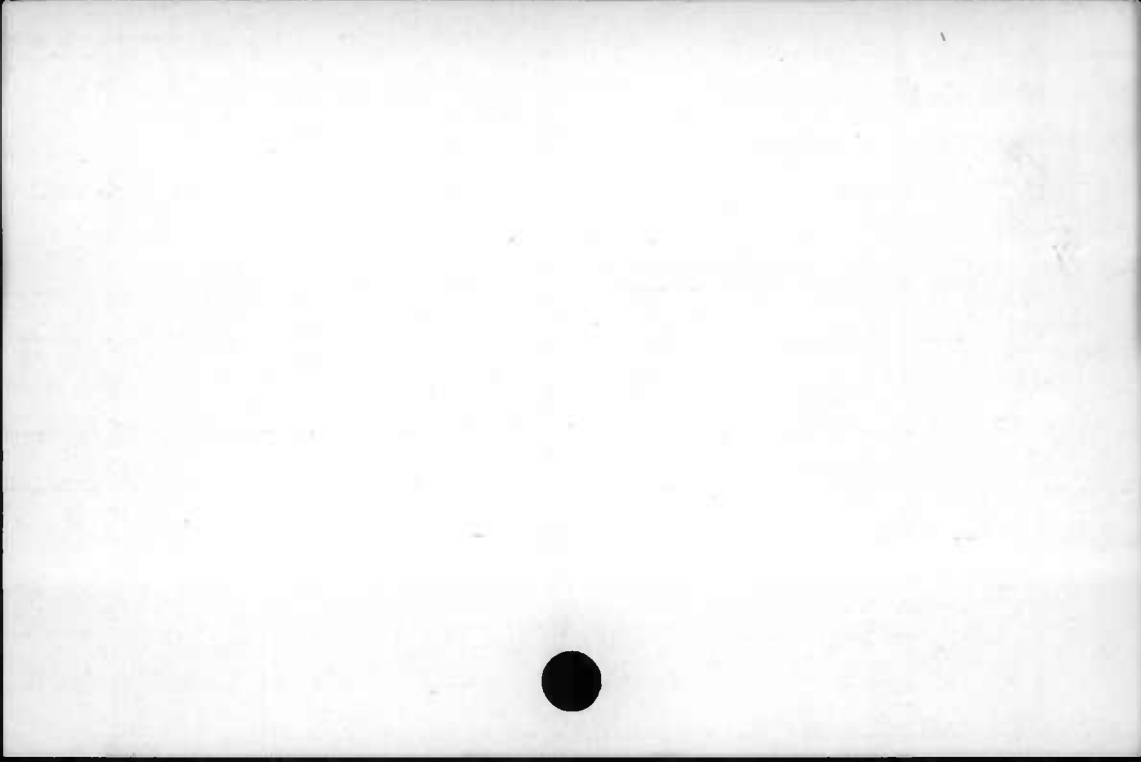




Name in Full		Not Named		Dabbs (M M)		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Berry P.O.</u>		Town		Chas		County
	Date of death <u>1906</u>		Month <u>March</u>		Day <u>2</u>		Age
	Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Chas Co Md</u>		Years
	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		Months		Days
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		Maryland		
	Father's Name <u>Jimmie Dabbs</u>		Father's Birthplace <u>Chas. Co. Md</u>				
	Mother's Maiden Name <u>Hattie Young</u>		Mother's Birthplace <u>M M M</u>				
Name of person giving information <u>Jimmie Dabbs</u>		How related to deceased <u>Farther</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Stillborn</u>		How long <u>—</u>				
	Immediate <u>—</u>		How long <u>—</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Non Attendance</u>				
			Address <u>Thos M Wilkerson</u>				
	Accident or Suicide? <u>—</u>		Sub Reg: <u>—</u>				



Name in Full		Francis Lerma Dyer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Age	Years	Months Days
	Sex		Color or Race		Birthplace		
	Occupation		Where Residing If not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Whorping Cough		How long		Two weeks
	Immediate		Pneumo-pneumonia		How long		Five days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?		No				



Name in Full		Framvick W. Lovvrest				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rock Point		County Charles		MARYLAND	
	Date of death		1906	Month Mar.	Day 22	Age 5-2-	Months —	Days —
	Sex		male		Color or Race white		Birth-place St. Mary's Co.	
	Occupation Dyesterman				Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband				
	Father's Name					Father's Birthplace		
	Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased			
Phil Barbour					friend			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary					How long		
	Immediate					How long		
	Natural Cause							
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		
	To the best of my knowledge, yes.					Address		
Accident or Suicide?					W. R. Clark Sub-registrar			
					Newburg, Chas. Co., Md.			



Name  
in  
Full

John Elmer Gross

3/8/VI

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Bryantown</i>		Town <i>Bryantown</i>		County <i>Charles</i>		MARYLAND	
Date of death	1906	Month	3	Day	21 <sup>st</sup>	Age	Years 1
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>near Bryantown</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>at place of birth</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Albert Gross</i>		Father's Birthplace <i>Charles County</i>					
Mother's Maiden Name <i>Matilda Gross</i>		Mother's Birthplace <i>Charles County</i>					
Name of person giving information <i>Mrs Lydia Wolfe</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough &amp; Measles</i>	How long	<i>Two Months</i>
Immediate	<i>Pneumonia</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
		Address	
		<i>Information given by</i>	
Accident or Suicide? <i>~</i>		<i>Mrs Lydia Wolfe</i>	

F. L. Jones -



Name  
in  
Full

Arthur Hanson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *La Plata* Town

County

*Charles*

MARYLAND

Date of death *1906* Month *March*

Day

*12*

Age

Years

Months

Days

*12*Sex *Female*Color or  
Race*coloured*Birth-  
place*La Plata Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*single*Name of Wife or  
HusbandFather's  
Name*Henry Hanson*Father's  
Birthplace*Charles Co*Mother's  
Maiden Name*Sarah Smart*Mother's  
Birthplace*Charles Co*Name of person giving  
In formation*Henry Hanson*How related  
to deceased*father*

## CAUSES OF DEATH

Primary

*Haemorrhagic disease of the*

How long

*2 days*

Immediate

*newly born - umbilical*

How long

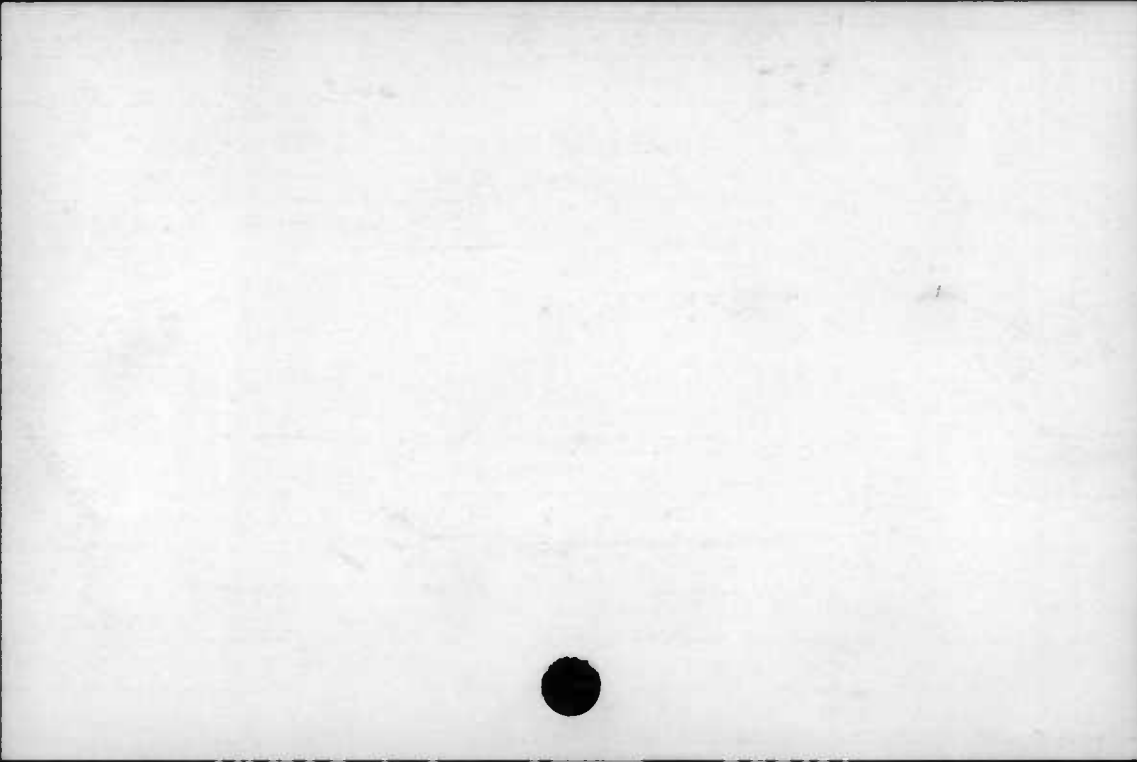
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*Thos. S. Owen, M.D.*

Address

*La Plata*

Accident or Suicide?

*Md*PHYSICIAN  
OR CORONER



Name  
in  
Full


## CERTIFICATE OF DEATH

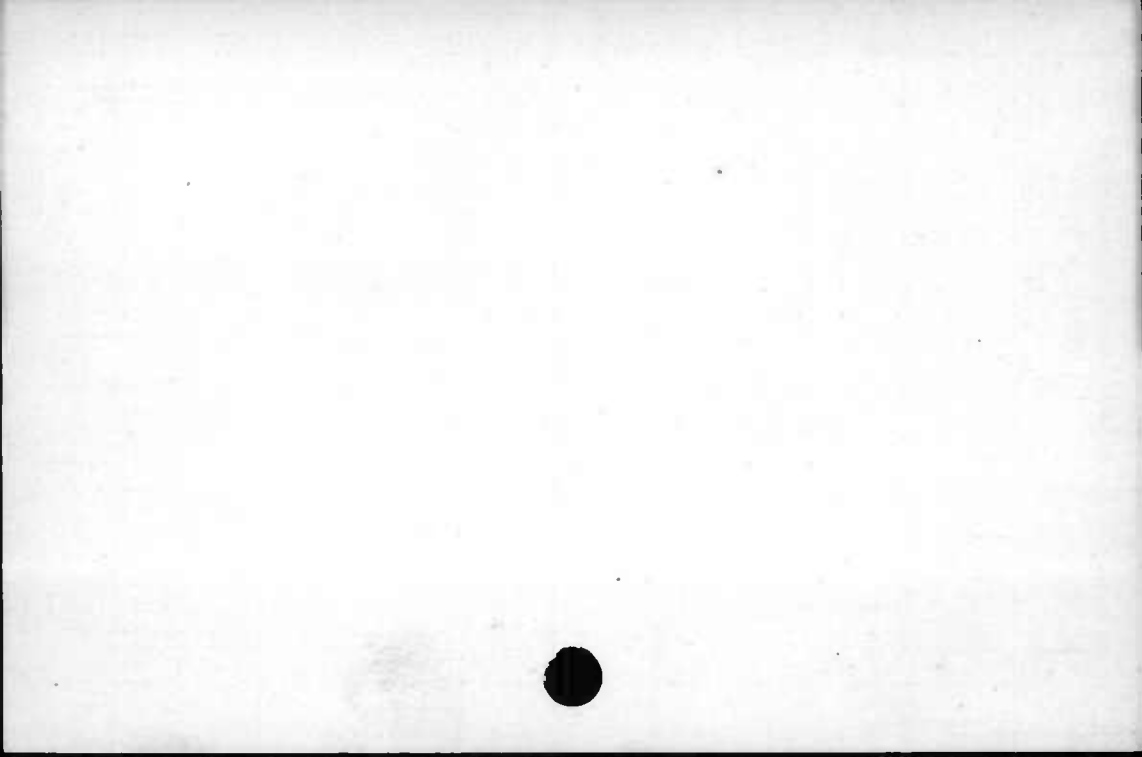
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pomorokey</u>		County <u>Chas</u>		MARYLAND	
Date of death	1906	Month <u>March</u>	Day <u>10</u>	Age <u>      </u>	Years <u>      </u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth place <u>Ind</u>	Months <u>      </u>	Days <u>      </u>
Occupation <u>      </u>			Where Residing if not at place of death <u>Home</u>		
Married, Single or Widowed <u>      </u>			Name of Wife or Husband <u>      </u>		
Father's Name <u>Joe Harrison</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Brown</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Joe Harrison</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate <u>Convulsions</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John P. Marshall</u>
		Address <u>Phub Rg</u>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

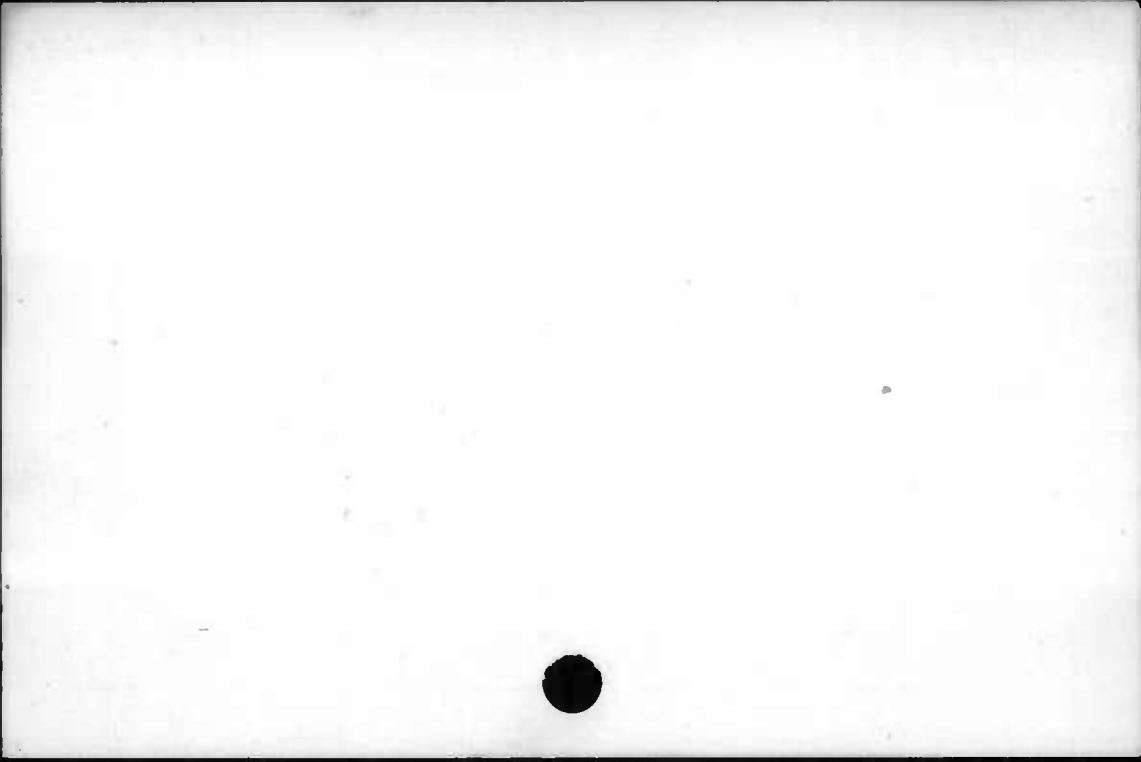
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John W. Harrison</i>		Town <i>Issaquah</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1906</i>		<i>Mar</i>		<i>21</i>		<i>5-8</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>St. Mary's Co.</i>			
Occupation <i>Hammer</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Mary Elizabeth Harrison</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Sam Harrison</i>		How related to deceased <i>brother</i>					

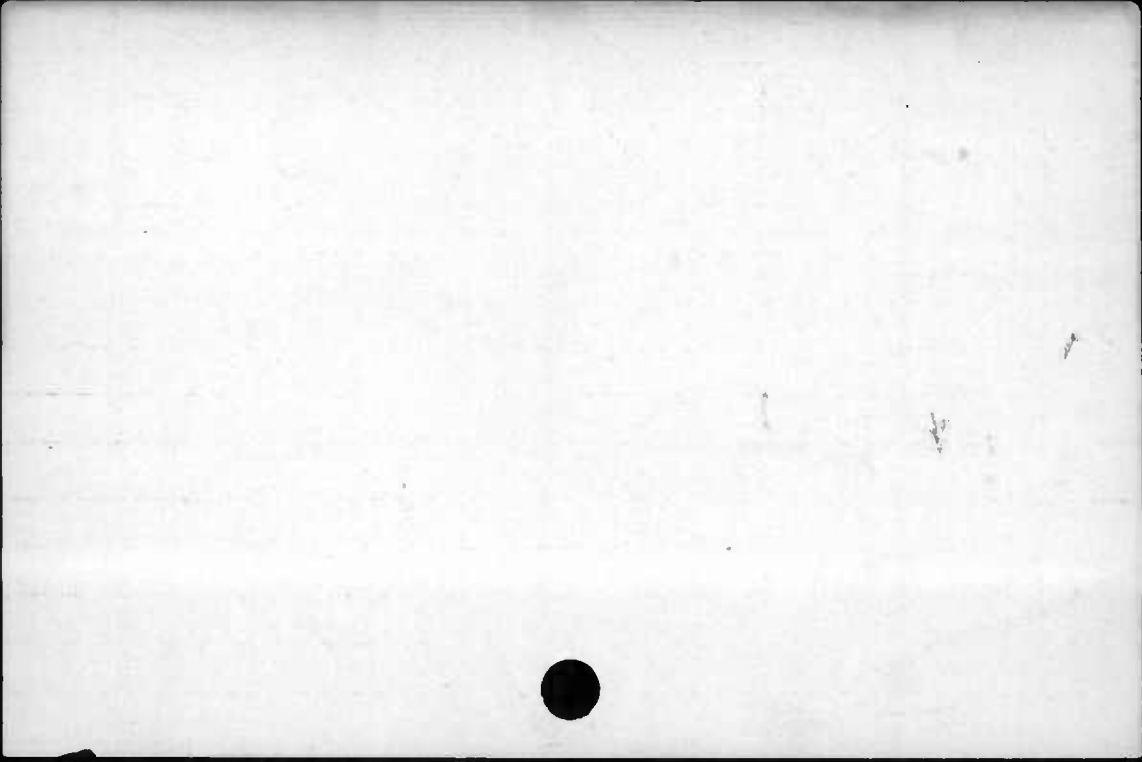
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Paralysis</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
to the best of my knowledge.		Address <i>W. A. Clark Sub registrar Newburg, Ohio Co., Ind.</i>	
Accident or Suicide?			



Name in Full <b>Robert L. Hart</b>		CERTIFICATE OF DEATH	
Died <b>near Ironsides</b> <sup>Town</sup> <b>Charles</b> <sup>County</sup>		MARYLAND	
Date of death 190 <b>6</b> <sup>Month</sup> <b>March</b> <sup>Day</sup> <b>12</b> <sup>Years</sup>	Age <b>3</b>	Months	Days
Sex <b>Male</b>	Color or Race <b>B</b>	Birth place <b>Washington DC</b>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <b>Burnard Hart</b>		Father's Birthplace <b>Charles City</b>	
Mother's Maiden Name <b>Hattie Johnson</b>		Mother's Birthplace <b>" " "</b>	
Name of person giving Information <b>John Chapman</b>		How related to deceased <b>Friend</b>	
CAUSES OF DEATH			
Primary	<b>affliction</b> <b>(19)</b>		How long <b>3 years</b>
Immediate	<b>Heart affection</b>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>Maximilian Clements</b>	
<b>yes</b>		Address <b>Sub Rept</b>	
Accident or Suicide?			





Name  
in  
Full

Dennis Hawkins

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> LaPlata<sup>County</sup> CharlesDate of death 1906 <sup>Month</sup> Mar <sup>Day</sup> 17Age <sup>Years</sup> 68<sup>Months</sup> <sup>Days</sup>

Sex Male

Color or Race Col

Birthplace Chb. Ler

Occupation Farmer

Where Residing if not at place of death

Pogah Chb. Ler

Married, Single or Widowed

Name of Wife or Husband

Father's Name Dennis Hawkins

Father's Birthplace Chb. Ler

Mother's Maiden Name Mary Hawkins

Mother's Birthplace "Don"

Name of person giving information Henry Hawkins

How related to deceased "Don"

## CAUSES OF DEATH

Primary Kidney Disease  
Pharmin

(120)

How long 4 months

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

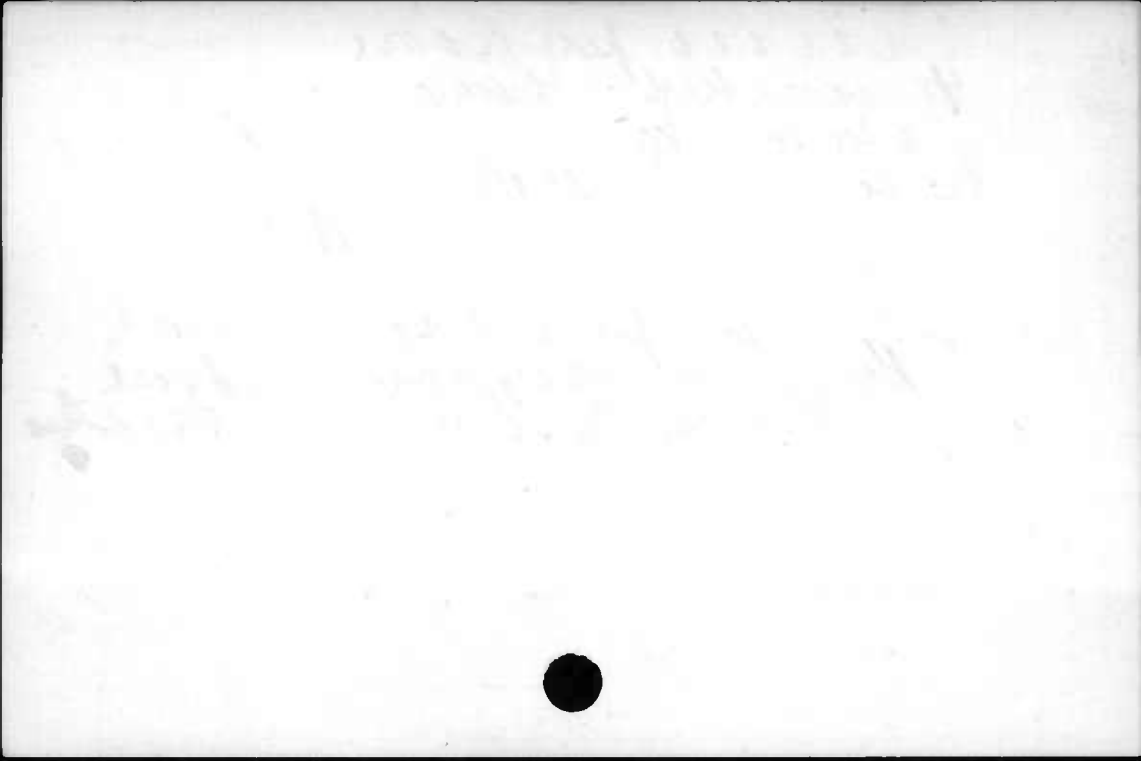
Signature of Physician Henry B. Robinson M.D.

Address LaPlata Md

Acty Comm

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

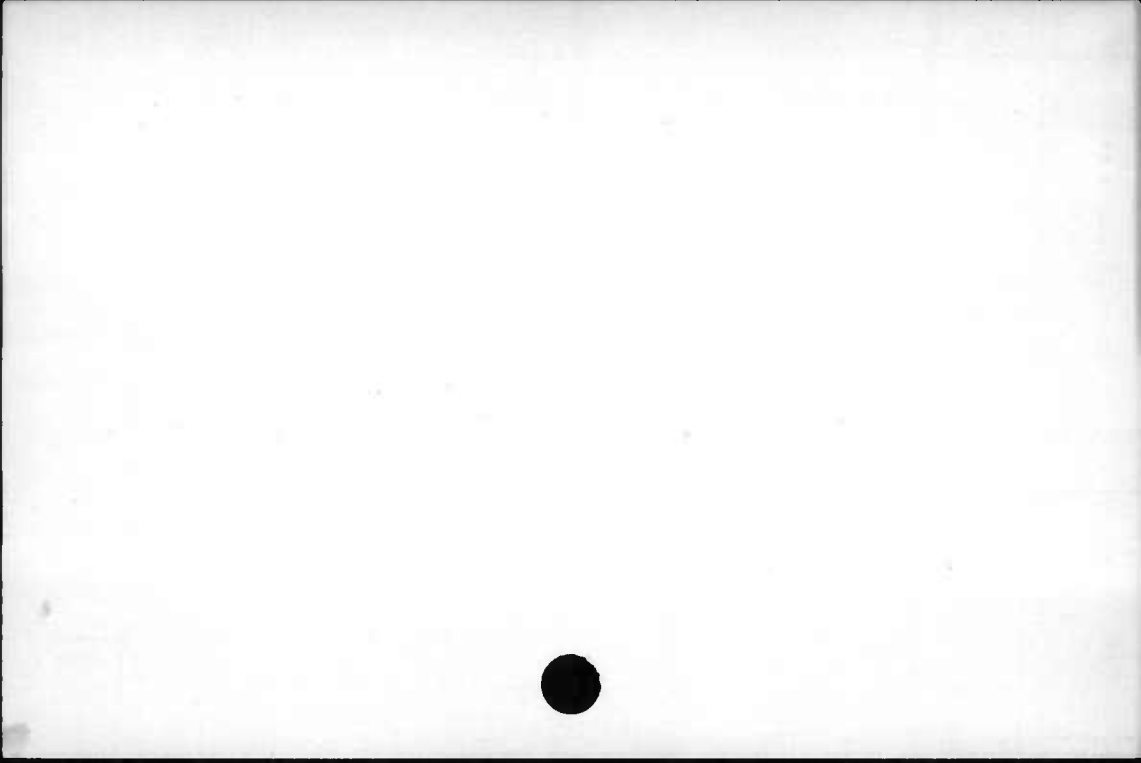
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1906		Mch		14		Age 34	
Sex		Color or Race		Birthplace			
Female		Colored		Baltimore Md			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Robt Jennings					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Gudy Mather		Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	About 6 months
Immediate	Acute catarrh of Stomach	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G. O. M... ..	
		Address	
		Baltimore	
Accident or suicide?			
No			



Name  
in  
Full*Mitchell Stuy*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pomwaby</i>		Town <i>Pomwaby</i>		County <i>Chas.</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct.</i>	Day <i>21</i>	Age	Years <i>9-</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Chas. Co. Ind.</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed	<i>"</i>		Name of Wife or Husband				
Father's Name	<i>James Wesley Stuy</i>					Father's Birthplace	<i>Chas. Co. Ind.</i>
Mother's Maiden Name	<i>Mary L. Marbury</i>					Mother's Birthplace	<i>Chas. Co. Ind.</i>
Name of person giving information	<i>James C. Stuy</i>					How related to deceased	<i>Uncle</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>Two weeks</i>
Immediate	<i>Branchio-pneumonia</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Mitchell, M.D.</i>
		Address	<i>Pomwaby Ind.</i>
Accident or Suicide?	<i>No</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

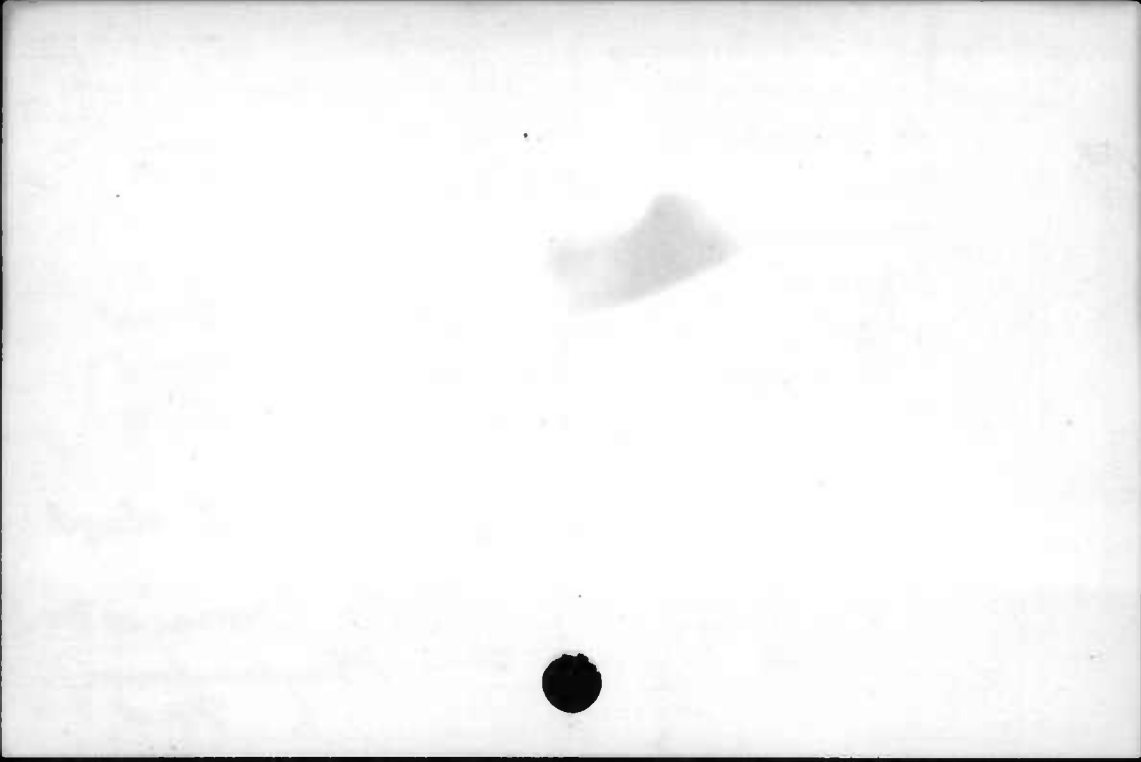
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs Ross King</i>		Town <i>Mallowdown</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Mallowdown</i>		Date of death <i>1906 Feb 24</i>		Age <i>37</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of <del>Mother</del> Husband <i>James King</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>James King</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Angiocarditis</i>		How long <i>Very short -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>G. O. Monroe</i>	
Accident or Suicide? <i>—</i>		<i>Waldorf Md</i>	



Name in Full		James Henry Thomas				CERTIFICATE OF DEATH	
		Tcwn		County		MARYLAND	
Died at		Penedick		Chosen			
Date of death		1906	Month	28	Day	Age	54
						Months	Days
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Birth-place	
						and	
Married, Single or Widowed		Married		Husband		Georgeanna Davis	
Father's Name		Jas. H. Thomas				Father's Birthplace	
						and	
Mother's Maiden Name		Georgeanna Davis				Mother's Birthplace	
						and	
Name of person giving information		Leo Thomas				How related to deceased	
						Son	
CAUSES OF DEATH							
Primary		Pneumonia				How long	
						12 days	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician	
						Address	
						L. G. Carrico M.D.	
						Bryantown Md.	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

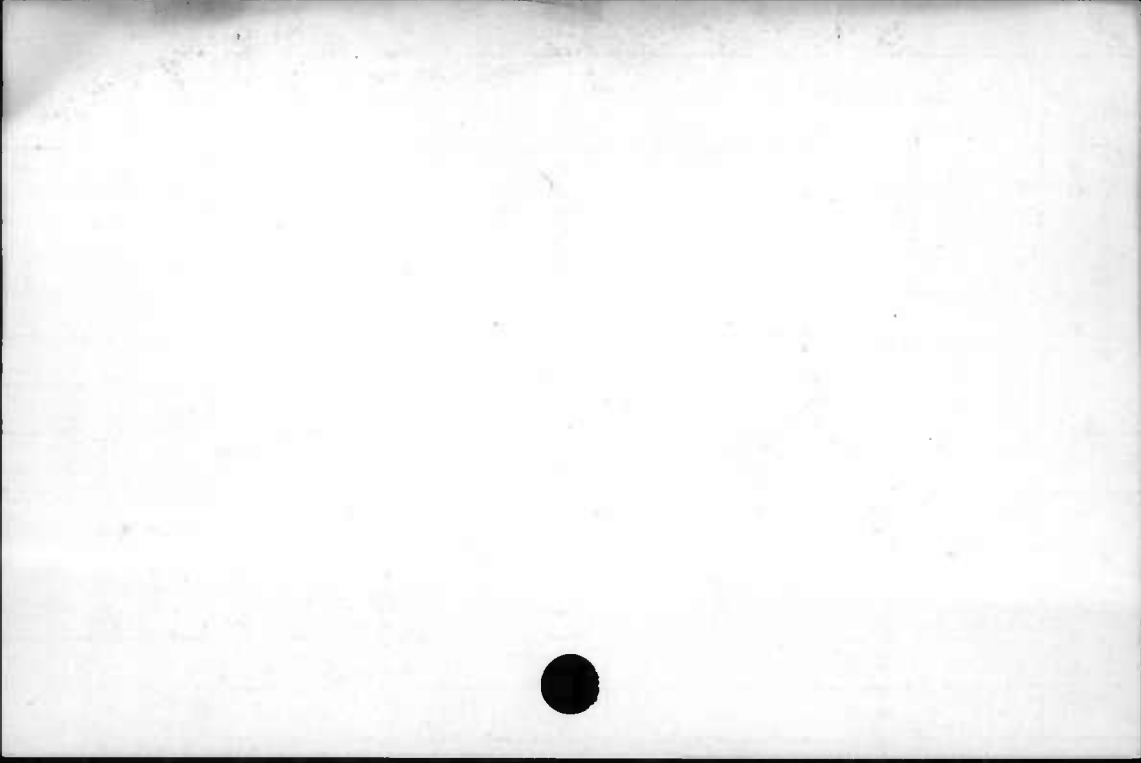
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>M. Ruth Liles</i>		Town <i>Berry</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>June</i>		Day <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Age <i>1</i>		Months <i>6</i>	
Occupation —		Birth-place <i>Charles Co</i>		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —		Father's Name <i>Oliver Liles</i>		Father's Birthplace <i>Charles Co</i>	
Mother's Maiden Name <i>Anna Pinkney</i>		Name of person giving information <i>Walter Magrath</i>		Mother's Birthplace <i>Charles Co</i>		How related to deceased <i>Uncle</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Grippe</i>	How long <i>Two weeks</i>
Immediate <i>Pneumonia</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Monroe</i>
	Address <i>Salisbury</i>
Accident or Suicide? —	



Name  
in  
Full

Burr Malcom Marshall

## CERTIFICATE OF DEATH

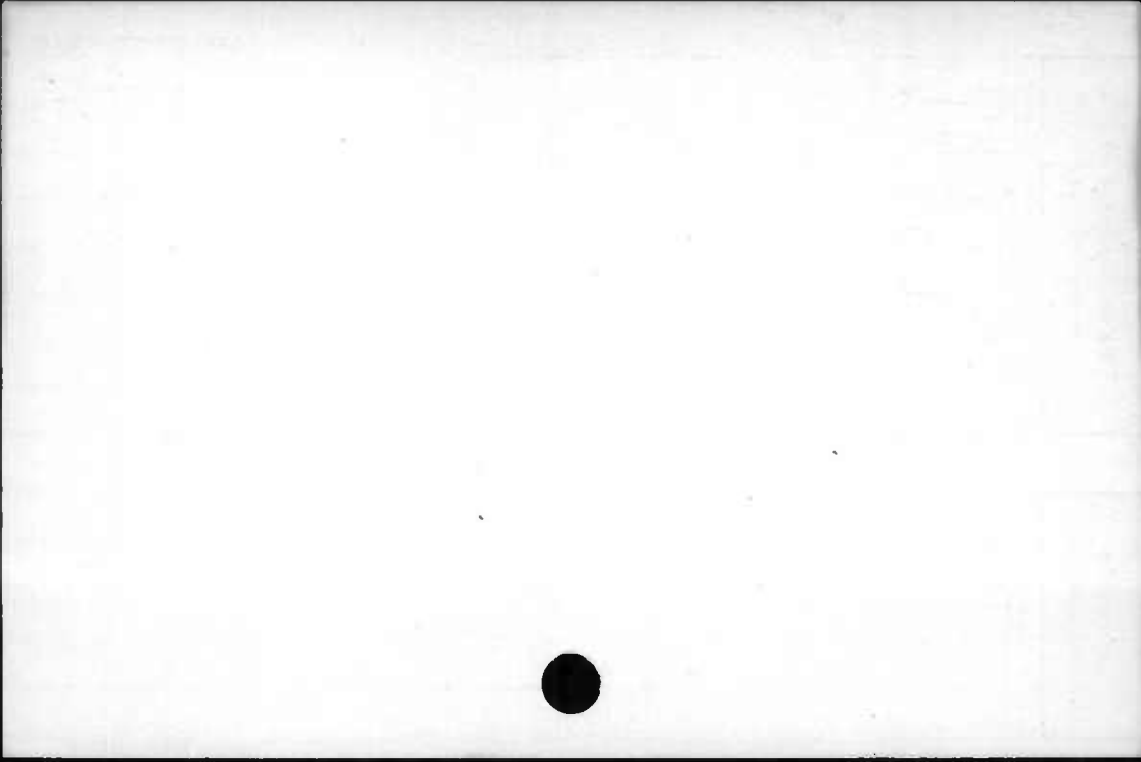
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Marbury</b>		Town <b>Marbury</b>		County <b>Charles</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>Sept</b>	Day <b>30</b>	Age <b>78</b>	Years	Months	Days	
Sex <b>Male</b>	Color or Race <b>Caucasian</b>		Birthplace <b>Charles Co, Md</b>				
Occupation <b>Carpenter</b>			Where Residing if not at place of death <b>At home</b>				
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Julia Brooks</b>					
Father's Name <b>Unknown</b>				Father's Birthplace <b>—</b>			
Mother's Maiden Name <b>Unknown</b>				Mother's Birthplace <b>—</b>			
Name of person giving information <b>Walter Marshall</b>				How related to deceased <b>Son</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Chalazonephritis</b>	How long	<b>one year</b>
Immediate	<b>Heart failure</b>	How long	<b>short while</b>
Are the name, age, sex, color, date and place correctly given above?	<b>Yes</b>	Signature of Physician <b>J. O. Monroe</b>	
		Address <b>Waldorf, Md.</b>	
Accident or Suicide?		<b>No</b>	





Name  
in  
Full

Frank Mingleton

## CERTIFICATE OF DEATH

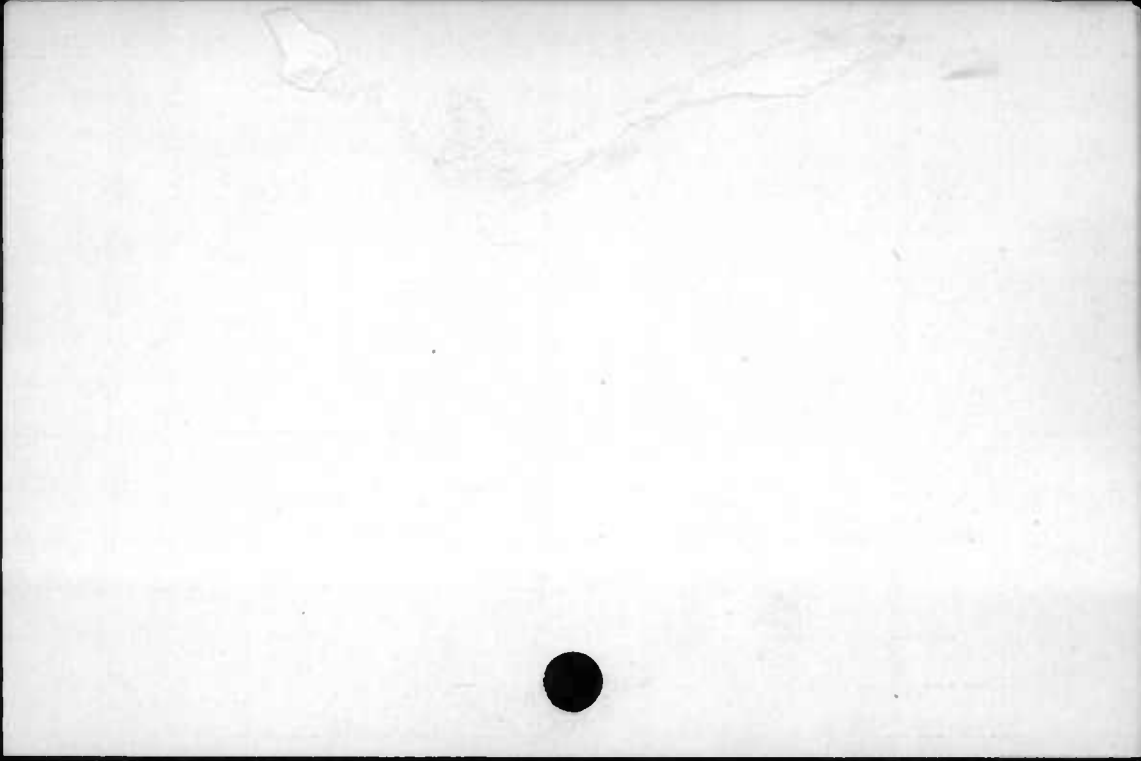
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Falster</i>		Town <i>Falster</i>		County <i>Calver</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar.</i>	Day <i>10</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>African</i>		Birthplace <i>Calver Co</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emily Mingleton</i>						
Father's Name <i>Abel Mingleton</i>	Father's Birthplace <i>Calver Co</i>						
Mother's Maiden Name <i>Jane</i>	Mother's Birthplace <i>Calver Co</i>						
Name of person giving information <i>George Hunt</i>	How related to deceased <i>Not at all</i>						

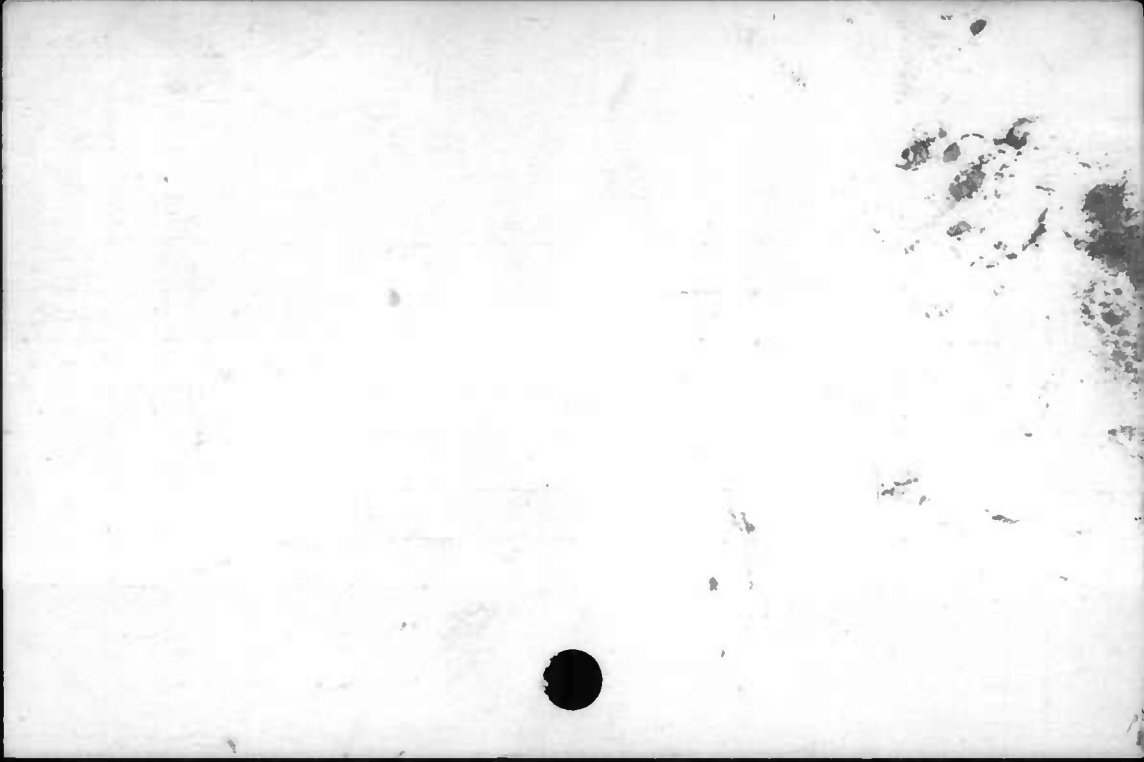
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alcoholism</i>	How long	<i>164</i>
Immediate <i>Dislocated Cervical vert.</i>	How long <i>1 Minute</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Effner</i>	
	Address <i>Bel Air Md</i>	
Accident or Suicide? <i>Accident</i>	<i>✓</i>	



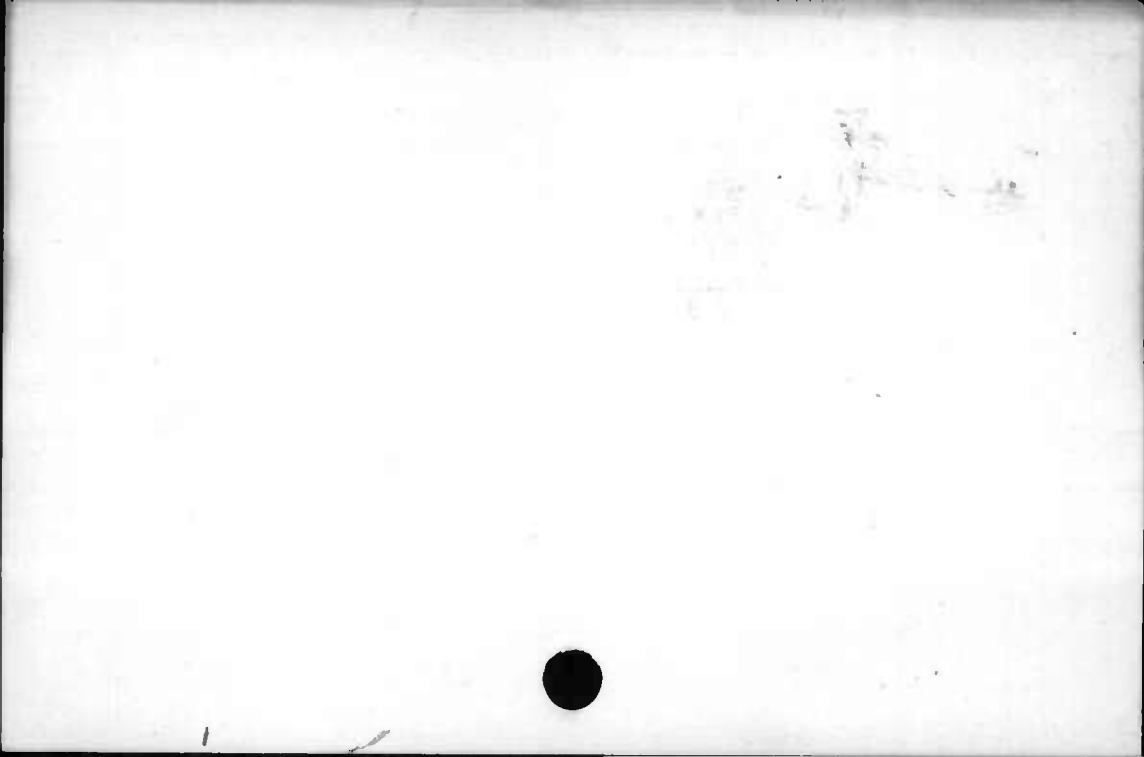
Name in Full		Daisy Murray				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mattawoman <sup>Town</sup>		Charles <sup>County</sup>		MARYLAND	
	Date of death	1906	3 <sup>Month</sup>	16 <sup>Day</sup>	Age 14 <sup>Years</sup>	6 <sup>Months</sup>	<sup>Days</sup>
	Sex	female		Color or Race	white		Birth-place
	Occupation	School girl		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John G. Murray				Father's Birthplace	Ind
PHYSICIAN OR CORONER	Mother's Maiden Name	Ida Jamerson				Mother's Birthplace	Ind
	Name of person giving information	John G. Murray				How related to deceased	father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	2 months
	Immediate	Heart-failure				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					John A. Coe I.B. Ind.		
Accident or Suicide?							



Name in Full		Attaway H. Oliver				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>San Port Tobacco</i>			Town <i>Charles</i>		County	
	Date of death <i>1906</i>		Month <i>March</i>	Day <i>26</i>	Age <i>72</i>	Years	Months <i>8</i>
	Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>Charles Co</i>		
	Occupation <i>housewife</i>				Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Eugene P. Oliver</i>				
	Father's Name <i>Dory Willet</i>		Father's Birthplace <i>Charles Co</i>				
	Mother's Maiden Name <i>Catharine Robey</i>		Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>Eugene P. Oliver</i>		<i>(158)</i>		How related to deceased <i>husband</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Chronic Obstruction - due to Faecal impaction</i>				How long <i>3 weeks or more</i>		
	Immediate <i>exhaustion</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Thos S. Owen M.D.</i>		
					Address <i>La Plata Md</i>		
Accident or Suicide? <i>md</i>							

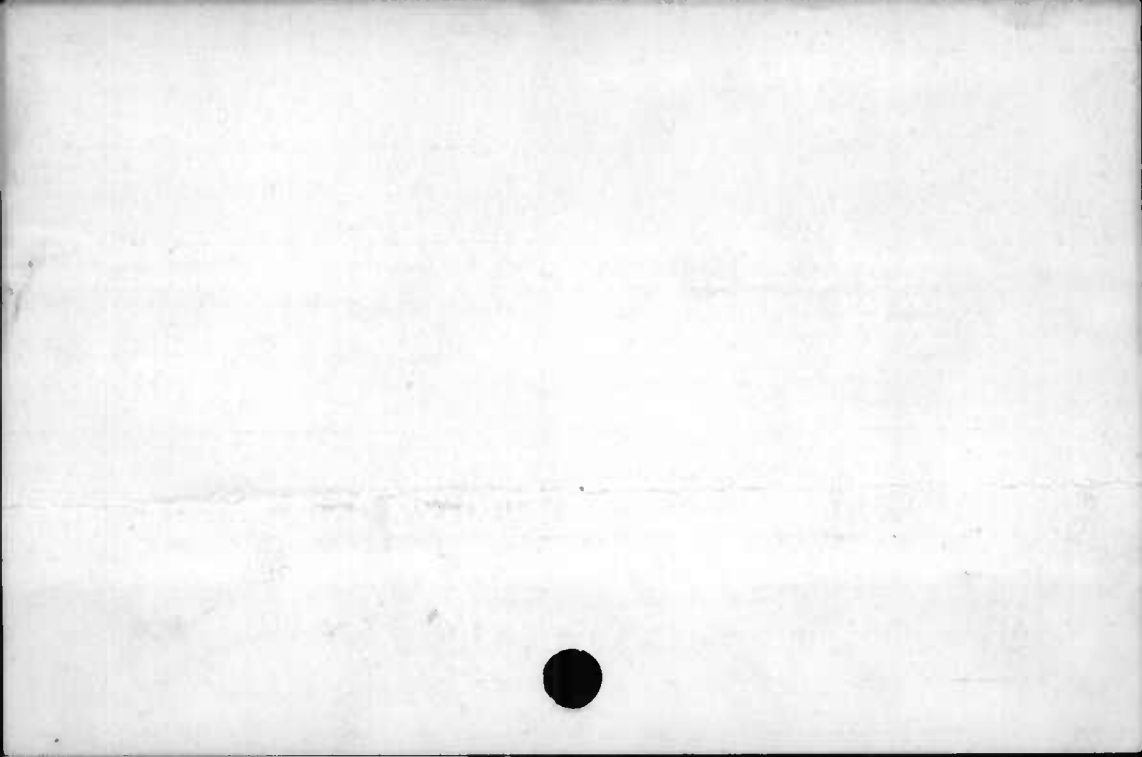


Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>J. Bury</i> Town		<i>Chanco</i> County		MARYLAND		
	Date of death	<i>1900</i>	Month <i>March</i>	Day <i>30</i>	Age <i>1</i> Years	Months <i>8</i>	Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>—</i>			Birth-place <i>Chanco</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>					
	Father's Name <i>J. G. Shorler</i>	Father's Birthplace <i>Chanco</i>					
Mother's Maiden Name <i>Mary Lyle</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>J. G. Shorler</i>	How related to deceased <i>Sister</i>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Malassimilation</i>			How long	<i>108</i>	
	Immediate	<i>Exhaustion</i>			How long	<i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. O. Munro</i>		Address <i>Waco, Tex</i>		
	Accident or Suicide? <i>—</i>						





Name in Full		H. Froin Southland				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Cross Roads		County Shades		MARYLAND	
	Date of death	190	Month Mar.	Day 16	Age 2	Years 4		Months Days
	Sex	male		Color or Race	white		Birthplace	md
	Occupation	—		Where Residing if not at place of death				—
	Married, Single or Widowed	—		Name of Wife or Husband				—
	Father's Name	H I Southland				Father's Birthplace	md	
	Mother's Maiden Name	Maggie Thomas				Mother's Birthplace	md	
PHYSICIAN OR CORONER	Name of person giving information		<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-left: 10px;">9</div>				How related to deceased	
	Primary		Membrane Group				How long	3 or 6 days
PHYSICIAN OR CORONER	Immediate		(1 or 2) or Lyr. Dystrophy				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. Speake	
					Address		Grakton md	
	Accident or Suicide?							



*Benjamin Madison Thomas*  
 Died at *near La Plata* *Charles* *MARYLAND*  
 Town County

Date *1906* *Mar 27* Age *2* *Charles Co. Md*  
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *—*

Husband of *—*  
 Wife

Father's Name *Lewis Thomas* Mother's Name *Mary Grace Thomas*

Cause of Death { Primary *Inanition* *Exhaustion* *151* How long sick *Throughout life*  
 Immediate Accident, Suicide, Homicide

Reported by *Dr Geo. T. Briggs*

Address *Port Tobacco Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY  
NEAREST FRIEND

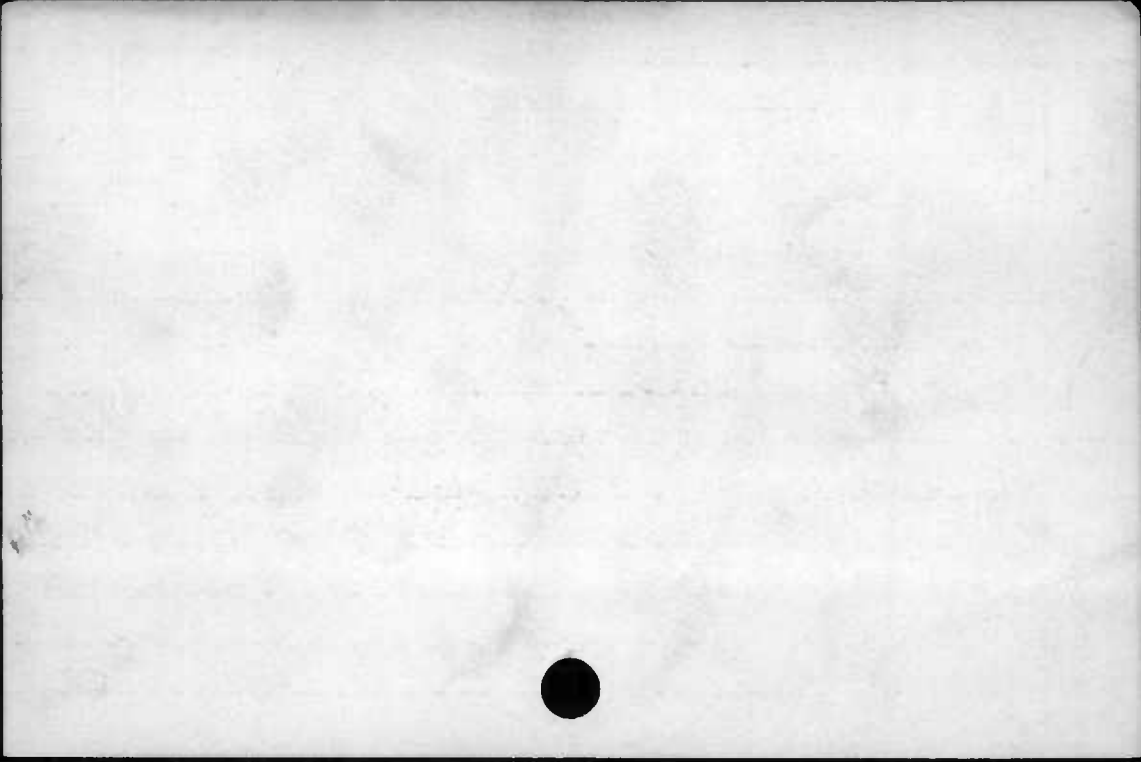
PHYSICIAN  
OR CORONER

**CERTIFICATE OF DEATH**

## MARYLAND

### CAUSES OF DEATH

### Accident or Suicide?



Name  
in  
Full

Frank Trade

## CERTIFICATE OF DEATH

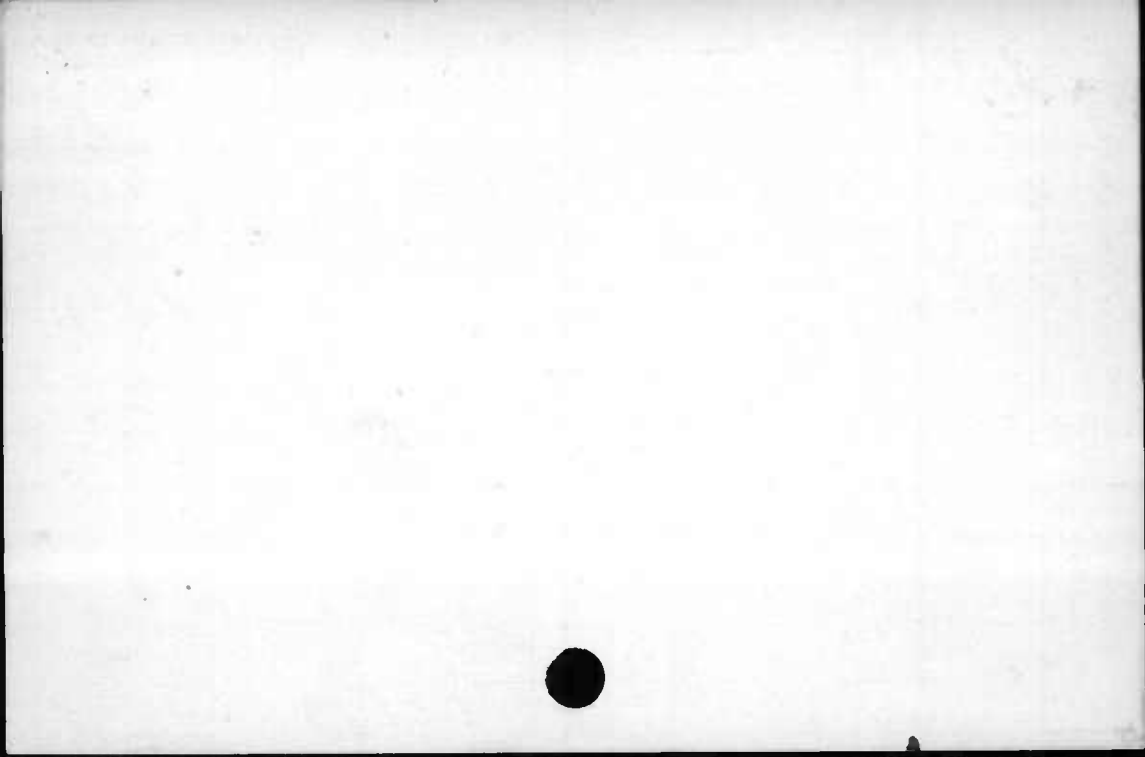
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hughesville</i>		Town <i>Chesapeake</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>25</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Ind</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name <i>Sam Trade</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Mattie Gipson</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>William Trade</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phlebotomy</i>	How long <i>6 weeks</i>
Immediate <i>Chemia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Chapman</i>
	Address <i>Chesapeake</i>
Accident or Suicide?	<i>Ind</i>





Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

1906

Mar 11

Age

10 months

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

James Woodland

Mother's  
Name

Gennie Woodland

Cause of

Primary

Whooping Cough

How long sick

Death

Immediate

Capillary Bronchitis

Accident, Suicide, Homicide

Reported by

Dr. Geo. T. Duggan

Address

Paul Tobac &amp; Mary Land

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
in  
Full

Adrian Young

## CERTIFICATE OF DEATH

MARYLAND

Died at *Falkner* TownCounty *Charles*Date of death 1906 *Mar* MonthDay *26*Age *Years*

Months

Days *5*Sex *Male*Color or  
Race*African*Birth-  
place*Chas. Co.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*James Young*Father's  
Birthplace*Chas Co*Mother's  
Maiden Name*Ely. Hansen*Mother's  
Birthplace*Chas Co.*Name of person giving  
In formation*James Young*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Infection*

How long

*5 days*

Immediate

*Pulmonary Angina.*

How long

*5 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*E. J. Sproull  
T. B. Alton  
Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Amanda Young

Town

County

MARYLAND

Died at

Fulsham

Ches.

Date

of death 1906

Month

Mar

Day

20

Age

Years

Months

Days

3

Sex

Female

Color or  
Race

African

Birth-  
place

Ches. Co.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Young

Father's  
Birthplace

Ches. Co.

Mother's  
Maiden Name

Ely. Hanson

Mother's  
Birthplace

Ches. Co.

Name of person giving  
information

James Young

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Influenza

How long

5 days

Immediate

Pulmonary congestion

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

E. J. Smith  
Bel Air  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

